PSJ3

Exhibit 47C

Public Awareness

Power Over Pain

Community Action Kit

Come. Join us. Let's work together to improve pain management in our communities. The time to take action is now!

Dear Pain Management Advocate:

The American Pain Foundation (APF) and the American Alliance of Cancer Pain Initiatives (AACPI), with the support of the American Cancer Society (ACS), and the American Society of Pain Management Nurses (ASPMN), have joined together to implement a grassroots effort called the *Power Over Pain Campaign*. The project is designed to provide you with tools to implement action-oriented public awareness campaigns in your state or community. The goals of *Power Over Pain* are to:

- Make effective pain management a healthcare priority at the state and local levels
- Provide the public with practical information about pain and its management
- Empower patients and families to demand effective pain control
- Encourage healthcare professionals to become better informed about pain and its management

This *Power Over Pain* Community Action Kit and media guide is intended to guide your efforts. It provides ideas for activities as well as a media guide and other resources that give the "facts" about pain and pain management. Information about *Power Over Pain* will be updated regularly on the website at www.poweroverpaincampaign.org. You will be able to download the Action Kit as well as power point presentations and find out what others around the country are doing.

We hope you will join us in this exciting, action-oriented effort to improve public awareness about pain management—state-by-state, community-by-community.

Sincerely,

Lennie Duensing
Director of Communications
and Outreach, APF

June L. Dahl
AACPI

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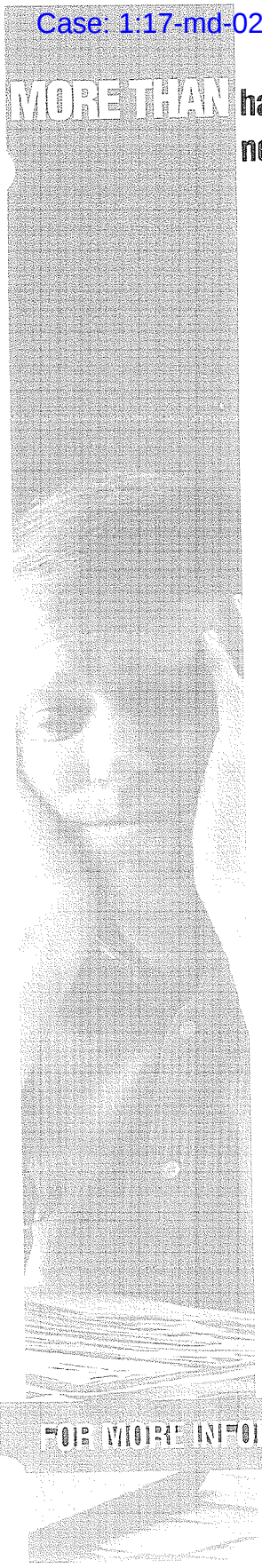
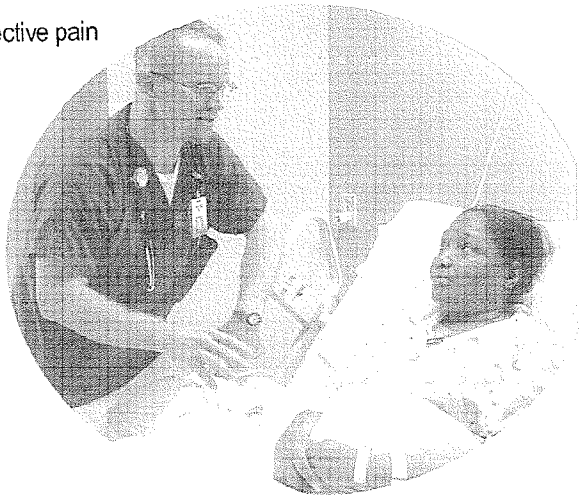


MORE THAN half of Louisiana residents experience pain on a monthly basis and nearly 7 in 10 expect to live with some pain the rest of their lives.

THE LOUISIANA PAIN INITIATIVE is a growing organization whose mission is to improve the quality of life for people in Louisiana experiencing pain.

THE LOUISIANA PAIN INITIATIVE is a diverse group of pain sufferers, physicians, nurses, social workers, pharmacists, civic leaders, non-profit organizations and health care businesses who are working to:

- Inform people they have the right to effective pain assessment and management
- Provide practical information for people with pain
- Raise public awareness about pain and pain issues
- Inform healthcare professionals about pain assessment and management
- Develop a pain resource center
- Serve as advocates for people experiencing pain and affect change in the legislative and regulatory arenas.



IF CHRONIC PAIN affects a family member or you, the following are some helpful tips when visiting your doctor.

- Give the doctor a description of your medical history, including all treatments for pain.
- Give the doctor a list of all medications you are taking including prescriptions, over-the-counter medications, and herbal supplements. Report any allergies.
- Discuss with your doctor actions that aggravate or alleviate your pain.
- Discuss with your doctor what you expect from your treatment.
- Describe your goals. Ask the doctor to work with you to develop a pain management plan.

Louisiana pain Initiative

FOR MORE INFORMATION . . . visit our website at painfoundation.org

P.O. Box 65202 • Baton Rouge, LA 70896

The Louisiana Pain Initiative is a partner with the American Pain Foundation, the American Alliance of Cancer Pain Initiatives and the Mid-South Division of the American Cancer Society.

Louisiana pain Initiative

MEDIA RELEASE
DATE: September 16, 2003
Contact: See attached list for area contacts,
or call Chris Gatlin at 225-381-6026
or 225-324-1204

More than half of Louisiana residents experience pain on a monthly basis

Baton Rouge, LA –More than half of Louisiana residents experience pain on a monthly basis and nearly 7 in 10 pain sufferers expect to live with some pain the rest of their lives according to a recent statewide survey conducted by Southern Media and Opinion Research (SMOR) for the Louisiana Pain Initiative (LPI), the American Pain Foundation (APF) and the American Alliance of Cancer Pain Initiatives (AACPI).

According to the survey, three-quarters (74 percent) of those polled consider pain a major health problem in Louisiana. More than half (56 percent) of patients with pain do not know where to go for help.

"Pain is a hidden epidemic in our state," said Dr. Richard Burroughs, Medical Director of Cancer Services for Baton Rouge General Medical Center. "The tragedy is that most pain goes untreated or under-treated — despite the medical technology available to relieve most pain. As a result thousands of Louisiana residents suffer needlessly."

Though 55 percent of Louisiana pain sufferers consider pain just a normal part of life, eight in ten (80 percent) said pain prevents them from doing things they once enjoyed. And, 62 percent find that it interferes with their ability to work and their productivity. More than 72 percent responded that pain causes them to lose sleep. Additionally, a majority of those surveyed (75 percent) indicated that pain makes them sometimes feel anxious, irritable, or depressed, and it interferes with their sexual relations (40 percent). More than (37 percent) said pain interferes with their ability to do everyday things such as dress themselves, drive a car or grocery shop, and one-third (33 percent) find that pain has negatively affected their relationship with loved ones and family.

"My life is greatly affected by pain because from one day to the next, I do not know where or when I will experience pain. It makes it difficult to plan your life," said Sickle Cell patient Monique Magee, Baton Rouge.

(More)

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Those surveyed who report having a close family member suffering from chronic pain note the dramatic impact pain has as well. Eighty-five percent reported that their family member's pain interferes with their work, and 93 percent said that their family member's pain prevents them from doing some of the things they once enjoyed.

"My pain has taken a lot away from my family," said Mindy Smith, another pain sufferer from Baton Rouge. "My family and friends cannot comprehend the amount of effort it takes for me to accomplish 'normal' activities due to constant pain. Pain can steal everything but hope."

Believing that pain is simply a symptom of an underlying condition, one-third (34 percent) of respondents said they do not seek medical treatment for pain because it is something they just have to live with. Many say they can't afford treatment or have no insurance (21 percent), or they thought it would go away (13 percent).

Although 71 percent are satisfied that their healthcare provider thoroughly discussed the causes of their pain and gave them various treatment options, three-quarters of the respondents (75 percent) had never been referred to a pain specialist for treatment. And, 62 percent were not even aware of any pain specialist in their community. But, 77 percent did believe that the best option for treating pain was to see a health professional as opposed to treating their pain with over-the-counter medicine.

"Our task is to not only increase the demand for effective pain management, but to increase access as well, said Dr. Randall Cork, Professor and Chair Department of Anesthesiology and Director, Pain Management Service for LSU Medical Center in Shreveport, LA. "Louisiana has only one accredited training program for pain specialists and funding for that program has recently been cut in half. We are going in the wrong direction."

The Louisiana Pain Initiative (LPI) is a growing, statewide organization comprised of healthcare professionals, pharmacists, chaplains, non-profit organizations, and others whose mission is to improve the quality of life for people in Louisiana experiencing pain. LPI also seeks to provide practical information for people with pain and pain issues, inform healthcare professionals about pain management, develop a pain resource center, and serve as an advocate for people experiencing pain. Their website is www.louisianapain.org. LPI is a partner with The American Pain Foundation, The American Alliance of Cancer Pain Initiatives, and the Mid-South Division of the American Cancer Society.

The American Pain Foundation is the nation's leading nonprofit organization serving people with pain through information, education, and advocacy. APF may be contacted at www.painfoundation.org. The American Alliance of Cancer Pain Initiatives (AACPI) is a national network of state-based Pain Initiatives dedicated to promoting pain relief. State Pain Initiatives are inter-disciplinary organizations that work to remove the barriers that impede effective pain relief through professional and patient education, advocacy, and institutional and practice change. For more information about the AACPI, log on to www.aacpi.wisc.edu.

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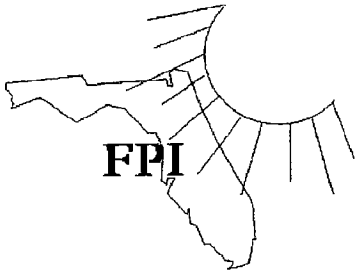

FLORIDA PAIN INITIATIVE

PRESS RELEASE

EMBARGOED UNTIL SEPTEMBER 18, 2003

Contact: Jennifer Gremmels
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Floridians 32 Percent More Likely to Suffer From Pain

Sufferers Report Loss of Productivity and Feelings of Irritability and Depression
Florida Pain Survey Suggests Many May Not Be Receiving Appropriate Treatment for Pain

(TAMPA) – Floridians are substantially more likely to suffer from chronic or recurrent pain than the national average according to the first ever survey to measure the impact of pain in the state. In Florida, 75 percent of respondents said they suffer pain on at least a monthly basis compared to 57 percent of Americans who responded similarly in a recently released national survey.

In total, the Florida Pain Survey found that four out of five Florida households had a member who experienced at least monthly pain and more than a third of the sufferers described their pain as moderate to severe. Significantly, of those who say they personally experience pain, 65 percent say it causes them to feel anxious, irritable or depressed and 42 percent say it interferes with their ability to work and be productive.

University of South Florida professor Susan MacManus, who directed the study, said the greater percentage of Floridians pain sufferers could be a result of the state's sizeable senior population. In fact, the severity of pain reported by respondents increased with age.

However, MacManus cautioned, the survey found that individuals reporting chronic or recurrent pain were distributed across all age groups, with respondents between 30 and 49 years of age representing the largest percentage of sufferers.

"Incidents of pain sufferers were reported across all demographics," MacManus said. "Young and old, rich and poor and across every region of the state, the survey demonstrates that sometimes debilitating pain does not discriminate."

The Florida Pain Survey, commissioned by the Florida Pain Initiative (FPI), also suggests considerable numbers of pain sufferers are not having their ailment effectively treated. One in five pain sufferers has not seen a physician and among all Floridians a majority agree that people do not seek treatment because they believe the pain will go away by itself, they are embarrassed and don't want to seem like they are complaining, or they don't know where to go for help.

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"The survey confirms that Florida has a pain epidemic," says Jennifer Strickland, president of FPI and a Clinical Pharmacist and Pain Specialist at the Moffitt Cancer in Tampa. "It also underscores the fact that the undertreatment of pain has serious physiological, psychological and social consequences for sufferers."

FPI released the findings of the study to highlight their "Power Over Pain" campaign, which coincides with the designation of September as "Pain Awareness Month." An organization consisting of a wide range of healthcare professionals, FPI launched the statewide grassroots campaign to publicize the epidemic of undertreated pain as a major public health issue and make effective pain management a healthcare priority at the state and local levels.

Among other findings, sufferers reported pain:

- Prevents them from doing some of the things they once enjoyed (62 percent)
- Causes them to lose sleep (61 percent)
- Sometimes leaves them feeling hopeless and/or alone (25 percent)
- Interferes with their sexual relations (25 percent)
- Interferes with their ability to do everyday things (23 percent)
- Has negatively affected their relationships with loved ones and friends (20 percent)

Pain not only alters the life of a sufferer, but it affects entire families. As part of the survey, more than three-quarters of Floridians interviewed with a pain sufferer in the family said the sufferer becomes more irritable and that it hurts relationships with family members. More than half of those same respondents said that pain has altered the sufferer's outlook on life and they are not as positive about things as they once were.

The good news is that most pain can be relieved through proper medications and other treatments, which is an important message in FPI's efforts, according to Strickland.

On the other hand, she says, there are a number of barriers to overcome that prevent effective pain treatment, including inadequate training in pain management by healthcare professionals and concerns over the appropriate use of effective pain medications.

"As the survey showed, there is also a stigma associated with pain," Strickland explains. Many people with pain are fearful or embarrassed to let their families, friends and even their physicians know they are in pain because they don't want to appear weak or believe pain is just something you need to accept."

The Florida Pain Survey was underwritten by the American Pain Foundation (APF) and the American Alliance for Cancer Pain Initiatives (AACPI). APF and AACPI are national partners in the "Power Over Pain" campaign, a statewide project of the Florida Pain Initiative in collaboration with the Florida Division of the American Cancer Society.

The telephone survey was conducted by Susan Schuler and Associates, Inc., of Tampa. A total of 735 Florida households were randomly selected between August 12 - 24, 2003. The national figures were reported in a *Research America!* survey released in early September.

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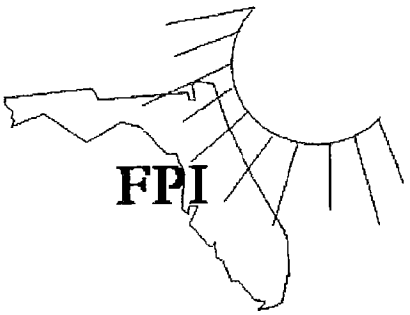

FLORIDA PAIN INITIATIVE

PRESS RELEASE

FOR IMMEDIATE RELEASE
September 2, 2003

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Campaign Launched to Educate Floridians on Pain Epidemic and Effective Pain Management

Group Hopes to Dispel Myths, Stigma Associated with Pain

(TAMPA) – The Florida Pain Initiative (FPI) launched a new statewide grassroots campaign in Tampa to publicize the epidemic of undertreated pain as a major public health issue and make effective pain management a healthcare priority at the state and local levels. The commencement of the "Power Over Pain" campaign coincides with the designation of September as "Pain Awareness Month."

"Pain is the number one reason people seek medical care," says Jennifer Strickland, FPI President and Clinical Pharmacist and Pain Specialist at the Moffitt Cancer Center in Tampa. "And the undertreatment of pain has serious physiological, psychological and social consequences for sufferers."

More than 75 million Americans suffer from chronic pain, and another 25 million Americans experience acute pain from injuries or surgery, according to a survey commissioned by Partners Against Pain, a coalition effort spearheaded by the American Chronic Pain Association.

The campaign will help FPI provide the public with practical information about pain management and encourage healthcare professionals to become better informed about the epidemic by staging a series of events across the state. The events include presentations to local organizations, town hall style meetings open to the public, and even an essay and art contest with local schools in Gainesville.

-more-

FPI launched the "Power Over Pain" campaign because, "Pain not only affects the health of an individual, it impacts the health of an entire community," says Strickland. In fact, the National Institute of Health (NIH) cites statistics that demonstrate suffering from pain costs the U.S. economy $100 billion in medical costs and lost work days each year.

The good news is that most pain can be relieved through proper medications and other treatments, which is an important message in FPI's efforts, according to Strickland.

On the other hand, she says, there are a number of barriers to overcome that prevent effective pain treatment, including inadequate training in pain management by healthcare professionals and concerns over the appropriate use of effective pain medications.

"There is also a stigma associated with pain," Strickland explains. Many people with pain are fearful or embarrassed to let their families, friends and even their physicians know they are in pain because they don't want to appear weak or believe "pain is just something you need to accept."

FPI's efforts are being funded and supported by the American Pain Foundation, the American Alliance of Cancer Pain Initiatives and the Florida Division of the American Cancer Society.

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For Immediate Release
September _____

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Nearly Three out of Five Adults in Massachusetts Experience Pain at Least on a Monthly Basis According to New Survey

Boston, MA – Almost three out of every five adults - 59% - living in Massachusetts experience mild to severe pain on at least a monthly basis. Twenty-eight percent of those who live with pain have it every day. Massachusetts pain sufferers say it impacts just about every aspect of their lives.

These are some of the findings of a statewide survey conducted for the Massachusetts Pain Initiative, the American Pain Foundation and the American Alliance of Cancer Pain Initiatives. The survey was conducted by KRC Communication Research September 9-September 11, 2003.

September has been declared Pain Awareness Month by a national consortium of 65 professional and consumer organizations that deal with pain.

The Massachusetts survey findings show that those who live with pain report that the impact of it on their daily lives is substantial both on and off the job, with a majority saying pain causes loss of sleep and interference with work and productivity.

In addition, two out of five people report that a member of their immediate family or household experiences pain on at least a monthly basis, with 43% citing a spouse's pain and 34% mentioning a parent's pain.

Massachusetts residents underestimate the prevalence of pain in the state. While the survey shows that 59% of residents suffer pain, almost three out of four poll respondents (73%) peg the percentage of those suffering with pain at below 50%. This perception of the lower incidence of pain was held by both those who experienced it and those who did not.

"Pain causes more disability than cancer and heart disease combined. Approximately 75 million Americans suffer from persistent pain – this is a statistic – but for each human it's a personal tragedy. More tragic is that most pain can be reduced or eliminated with proper pain management. Unfortunately most pain goes untreated, undertreated, or improperly treated," said Amy Goldstein, Massachusetts Pain Initiative Coordinator for The American Cancer Society.

"This-up-to-date survey confirms in our state the existing data from around the world that points to the extent of pain and the huge social and economic cost of pain .If our society values quality of life then it – we – must improve this situation," said Dr. Dan Carr, Saltonstall Professor of Pain Research, Tufts New England Medical Center, and a founding member of the revitalized Massachusetts Pain Initiative.

Eighty-four percent of survey respondents believe that many people in pain don't seek treatment for it because they believe pain will go away by itself.

"The undertreatment of pain is a major public health problem. It's clear that pain profoundly affects the lives of people in pain and their families. We must do better in educating healthcare professionals on how to identify and treat pain. We must also teach the public to demand better care," said Carol P. Curtiss, RN, MSN, who has worked in the field of pain management for more than 20 years, and is Consulting Chair for the Massachusetts Pain Initiative.

visit us on the web at: www.masspaininitiative.org

Almost all (95%) of respondents agreed that it should be a requirement that all health care providers receive some pain gement education.

The survey findings show a surprising statistically significant difference in pain experience related to age. People in the 40-54 age group (64%) suffer with pain almost as much as those over 65 (69%) and experience a lot more than those under 40 (45%).

Earlier this month, on September 16, the University of Wisconsin Pain & Policy Studies Group issued its Progress Report Card of State Pain Policies that grades each state on the quality of its pain policies. Massachusetts has improved its grade from the 2000 report of D+ to this year's report of a C. The survey found that 80% of those polled had confidence that their health care providers take their pain seriously and 78% cite satisfaction with how their pain is addressed by medical professionals.

The survey of 400 Massachusetts adults was conducted from September 9-11, 2003. The margin of error for the sample is +/- 5%.

The Massachusetts Pain Initiative (www.masspaininitiative.org) is a statewide, nonprofit voluntary organization comprised of doctors, nurses, social workers, pharmacists, consumers and other, dedicated to ending needless suffering from persistent and acute pain and to improve quality of life for all people affected by pain.

The American Pain Foundation (www.painfoundation.org) is the leading national nonprofit organization serving people with pain through information, education and advocacy.

The American Alliance of Cancer Pain Initiatives (www.aacpi.org) is dedicated to promoting cancer pain relief nationwide by supporting the efforts of State Cancer Pain Initiatives.

***Editor's note: **Executive summary of the pain survey available upon request.**

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APF in the News

CNN

SHOW: CNN SATURDAY MORNING NEWS 07:00

September 27, 2003 Saturday

Transcript # 092704CN.V28

SECTION: Medical

LENGTH: 3224 words

HEADLINE: "Weekend House Call"

GUESTS: Dr. James Campbell

BYLINE: Elizabeth Cohen

HIGHLIGHT:
Today's edition of Weekend House Call examines the problem of chronic pain. Dr. James Campbell discusses the topic and answers viewers' questions.

BODY:

SEAN CALLEBS, CNN ANCHOR: And Weekend House Call begins right now with Elizabeth Cohen.

ELIZABETH COHEN, CNN CORRESPONDENT: Good morning and welcome to Weekend House Call.

Today we're going to talk about chronic pain. It's a major problem. Fifty-seven percent of American adults suffered from chronic pain last year and for many, finding relief can be a lifelong project.

(BEGIN VIDEOTAPE)

COHEN (voice-over): Seven years ago, Mary Vargas was injured in a car accident.

MARY VARGAS, CHRONIC PAIN SUFFERER: I felt burning up my back side of my neck into the side of my face. And that quickly turned into pain.

COHEN: That pain has been a constant companion ever since.

VARGAS: It is your whole every day life when you're in pain like that. You can't -- that's at the forefront of your mind. You can't focus on anything else.

COHEN: In fact, the U.S. surgeon general estimates that businesses lose $100 billion every year due to reduced productivity and increased medical costs due to pain. Vargas spent years going from doctor to doctor, 14 in all, and had nearly 30 procedures before receiving a diagnosis and treatment that worked.

VARGAS: The doctors didn't really know what was wrong so they kept, they kept starting over and doing the same tests over and over again.

COHEN: Vargas is not alone. New statistics from the **American Pain Foundation** show that 50 to 100 million Americans suffer from chronic pain and many go untreated or under treated.

LENNIE DUENSING, **AMERICAN PAIN FOUNDATION:** Most health care professionals haven't had any training in pain whatsoever. So when people go in and say that, tell them they're in pain, they really don't know what to do about it.

COHEN: Dr. Nelson Hendler has been treating pain patients for 30 years. He says early diagnosis is essential, yet he claims nearly 60 percent of patients get misdiagnosed.

DR. NELSON HENDLER, MENSANA CLINIC: Chronic pain is highly specialized, evaluating and treating patients with chronic pain is highly specialized. And you have to go to a physician who's experienced in that area of medicine.

COHEN: However, the Foundation estimates that only three percent of medical schools require a course in pain management. That's prompted former surgeon general Dr. David Satcher and other doctors to initiate online pain education for physicians. Those courses get under way later this month.

For Mary Vargas, the diagnosis was nerve damage and relief has come from a spinal cord stimulator implant that helps to dull her pain. She now only has to take one pain medication. But she still hopes that the next few years will bring new and better treatments.

(END VIDEOTAPE)

COHEN: Pain is a warning sign that something is wrong with your body. Chronic pain means that it's unrelenting, it doesn't go away, it lasts for at least six months or longer. The three most common types of pain are headaches, back aches and arthritis or joint pain. We'll talk about treatments, pain management and finding a doctor or a specialist who can help and we'll answer your questions.

Call us at 1-800-807-2620 or e-mail us your questions to housecall@cnn.com.

Dr. James Campbell joins us from Washington.

He's the founder and president of the **American Pain Foundation.**

Thanks for being with us, doctor.

DR. JAMES CAMPBELL, **AMERICAN PAIN FOUNDATION:** Thank you.

COHEN: We have a question for you just to begin. We all know people with pain, especially back aches or headaches. How do they know when it's time to see a specialist, when it's time to stop going to the regular doctor and go to a pain specialist?

CAMPBELL: When pain interferes with daily activities, when pain is intrusive so that productivity at work is being interfered with, when sleep is being interfered with, these are the times when pain is a problem that warrants more serious investigation.

COHEN: Well, we've gotten a lot of e-mail on this topic. Let's look at our first one. It's from Randy in Massachusetts who wants to know, "Does chronic pain have to be severe pain to qualify, or can long-term lower level pain be equally debilitating?"

In other words, I guess do you have to be in agony for it to be chronic pain or can it really be a problem even when it's just a low level of pain that doesn't go away?

CAMPBELL: Well, that's an interesting question. We all have had situations where we've had severe acute pain, for example, we stub our toe, and that pain is excruciating. The pain that we have in that instance, if it were continued, would obviously drive us all batty.

But lesser pain that is ongoing, even if, for a given moment in time, it might be considered mild, if it's there all the time, day in, day out, it's like water torture. It's going to have a pervasive impact on that patient's life and it's going to really seriously compromise the quality of that person's life.

So, yes, it is a very serious problem, even if in a moment of time it would be considered mild.

COHEN: Do you often find, doctor, that patients just think oh, I can put up with this, I'll deal with this, I'll use my head and try to work my way around it and they don't seek help?

CAMPBELL: I'm sorry, say that again?

COHEN: Do you ever find that patients think oh, I can live with this pain, it's not too bad. And so they live with it year after year?

CAMPBELL: Oh, absolutely. There are patients in certain surveys that come up where they indicate in the surveys that they have severe pain and then you ask them what they're doing about it and it ends up that they're not doing anything about it. And that reflects a common attitude in America, and that is that nothing can really be done about a lot of very serious pain problems, and hence they simply give up and they don't seek treatments.

COHEN: Well, we have a question from Belinda in Kentucky.

Belinda, welcome to Weekend House Call.

You can go ahead with your question for Dr. Campbell. BELINDA: OK. My husband, he's been a construction worker for 23 years and he was hurt on an accident in his job and he has a chronic lower back injury. And he's had everything from heat therapy to massage therapy to physical therapy, epidural drips. He's been to the Lebanon Spine Center. Lower pain -- he's got minimum pain medication and everybody says, you know, there's nothing they would do in fear of making him worse.

What should we be looking to do next?

CAMPBELL: Well, this, as you might imagine, is not an uncommon problem. Back pain problems affect millions of Americans. And whereas we're able to help many people, some people have very serious problems that are very difficult to treat.

Obviously, you want to make sure that you've seen a highly qualified spine surgeon, someone who specializes in doing spine surgery almost exclusively, to make sure that there's nothing that's readily fixable surgically that can be addressed at this time.

But if that fails and he continues to have his chronic back pain and other things are not working, then other interventions become worth considering. First line would be to consider more serious medications. And the first medication that I would bring up in that regard would be the use of morphine like drugs. These are under appreciated in terms of their ability to affect severe pain. If these trials were to fail...

COHEN: Doctor, I have a question for you about morphine drugs, which you just named.

CAMPBELL: Yes?

COHEN: And I want to hop on this now. If someone takes that, are they going to be on morphine drugs forever?

CAMPBELL: Well, if it works, then it is an option. An interesting thing about morphine is that in some ways it's a very scary drug, but in other ways it actually is quite safe. Morphine and its relatives, like oxycodone and other opioids, do not cause liver damage. They don't cause heart damage. They don't cause brain damage and they don't cause kidney damage, unlike with Tylenol or aspirin or other drugs that have that as a potential liability.

They have powerful effects, but those powerful effects usually go away once the drug is stopped.

COHEN: All right, well, thank you, doctor.

We've got to take a quick break right now and we'll be back with more of your questions.

When we come back, we'll be -- we're talking about describing pain to your doctor. The key is to be specific, and we'll give you some pointers and we'll talk about how to find a pain specialist.

Call us with your questions. Our number is 1-800-807-2620. Or you can e-mail us at housecall@cnn.com.

COMMERCIAL

COHEN: How many nights have you been up with a headache or backache? Pain is the biggest cause of insomnia. According to the National Sleep Foundation, 20 percent of Americans say pain or physical discomfort wakes them up at least a few nights a week. A lack of sleep can also cause your body to be more susceptible to pain.

This is Weekend House Call and we're talking about chronic pain. We'll look at treatments and finding a doctor in just a moment. But we want more of your questions. Call us at 1-800-807-2620. Or e-mail us at housecall@cnn.com.

While we get your calls lined up, let's check our Daily Dose health quiz. How do people process pain differently? We'll have that answer in 30 seconds, so stay with us.

COMMERCIAL

COHEN: Checking the Daily Dose health quiz, we asked, "How do people process pain differently?"

Our Dr. Sanjay Gupta has the answer.

(BEGIN VIDEOTAPE)

DR. SANJAY GUPTA, CNN CORRESPONDENT (voice-over): That looks like it would hurt.

UNIDENTIFIED MALE: The puck is gone.

GUPTA: All dramatic injuries, yet some are able to shake it off and others are overcome with pain. So are some of us just wimps or could it be that our brains somehow respond differently to painful events? Well, now we have the images to give us the answer.

What these pictures tell us is that people who complain more about pain are not simply complainers, they're experiencing something different in their brains.

(on camera): So here's how it works. Pain signals travel up the spinal cord to the deep centers of the brain. That's here and that's the same for everybody. But in people who are particularly sensitive to pain, they see a dramatic increase in activity here, the sensory cortex. That's where pain is perceived. They also see an increase in activity here, the anterior singulagirus (ph). That's responsible for the unpleasant feelings associated with pain.

Remarkably, this can now all be measured.

(voice-over): These 3D models show what happened when 17 study volunteers had a 120 degree heat simulator placed on their legs. Those who reported minimal pain had only the deep areas of their brain light up. Those experiencing more profound pain had intense lighting up of other areas of the brain, as well, showing that people do, in fact, respond differently to pain.

Dr. Sanjay Gupta, CNN, reporting.

(END VIDEOTAPE)

COHEN: We're talking about chronic pain on today's edition of Weekend House Call.

Describing your pain in a specific way can be a challenge for many patients. Here are some tips from the **American Pain Foundation.**

Tell your doctor where it hurts and how much it hurts. Describe what makes the pain better or worse, and be descriptive. Use words like sharp or burning or throbbing. Explain how the pain affects your daily life and list the past pain treatments you've used.

We're joined today by Dr. James Campbell, head of the **American Pain Foundation.**

Let's jump into a question from a viewer.

Tina, tell us what your question is for Dr. Campbell.

TINA: Good morning, Dr. Campbell.

My name is Tina and I'm from Clintwood, Virginia. I'm in a geographically isolated area. It took me 14 years to find Dr. Nelson Hendler to treat my pain. I had a C5-6 injury.

And my question is what is being done to educate doctors, especially in geographically isolated areas, about chronic pain and chronic pain management?

CAMPBELL: Well, Tina, you don't have to go into geographically isolated areas a to find problems with regard to access to care for pain treatment. The pain specialty is a growing area as a medical specialist. Fortunately, this is being addressed and more and more doctors are being trained in pain medicine. So this is an issue that hopefully with time will start disappearing.

COHEN: We have an e-mail now from Jim in Virginia, who asks a related question. "Why are doctors so reluctant to prescribe pain management? I've had severe back pain from auto accidents and other mishaps, but when I go to a doctor for relief I'm looked at as some kind of druggie."

Dr. Campbell, is that a common problem?

CAMPBELL: That's a very common problem. There is a pervasive fear of patients becoming addicts when they take strong medications for pain control. JACO, the accrediting institution for hospitals, however, has mandated that doctors and nurses assess pain in patients and treat it and offer treatment

plans. And this is percolating through to the doctors' offices, as well. So this is something hopefully that, in time, will start disappearing.

COHEN: We have a phone call now from Pamela in New Jersey.

Pamela, you can go ahead with your question and welcome to Weekend House Call.

Pamela, are you there?

Let's go ahead then with a question from an e-mail from Kathi in Maryland. She wants to know, "As a person who suffers from chronic pain due to failed surgery, I can tell you it is not a myth. But I find it very hard to find care and find the right physician to care for me. Why does the medical community write you off as if it's all in your head?"

All in your head, those four words, Dr. Campbell, I bet you hear patients tell you that doctors have told them that many times.

CAMPBELL: That's perhaps one of the worst messages a health care provider can say to the patient, Kathi. And this is something that is a very detrimental way to approach patients on the part of the health care professional. It's incumbent on the health care professional to take the pain complaint seriously and to offer options to the patient. And if that provider isn't comfortable, him or herself, providing those treatments, then there should be a referral to someone who can.

COHEN: We have to take a quick break now.

When we come back, new treatments for pain. We'll tell you what's available now and what may be in the pipeline for the future.

This is Weekend House Call.

COMMERCIAL

COHEN: Welcome back to Weekend House Call, where we're talking about treating chronic pain with Dr. James Campbell of the **American Pain Foundation.**

Currently, the top five treatments are over the counter and prescription medications, physical therapy, chiropractic therapy and surgery. There are some new pain treatments available now, too.

Angela from Connecticut wants to know about botox. She asks, "For what types of chronic pain is botox now being used? Is research being done to expand the uses of botox beyond those already known?"

Dr. Campbell, how could something that gets rid of wrinkles also get rid of pain?

CAMPBELL: Well, botox is a medication that essentially paralyzes muscle for a short period of time. It appears that a lot of pain problems, however, are related to muscle contractures and injecting botox into these contracted muscles may relieve that pain. And so there is, in fact, a lot of work going on looking at and exploring how this treatment might help patients. And there are some suggestions that in some cases it works.

COHEN: We have another question about treatment from Susan in Oklahoma.

Susan, welcome to Weekend House Call.

And you can go ahead with your question.

SUSAN: Thank you.

Dr. Campbell, good morning.

My question is about alternative treatments for fibromyalgia and also is there a theory on the cause of fibromyalgia?

CAMPBELL: Susan, that's a very important problem. Fibromyalgia, just a few years ago, wasn't even on the map for most doctors as a diagnosis. Most doctors would say it really doesn't exist. I think increasingly now, though, doctors are appreciating that this is a real disease. We don't know what the cause is and there are things we can do to help fibromyalgia symptoms. But most of these don't necessarily go to the root cause because we simply don't know what that is.

But there are medical treatments. There are things like trigger point injections and other psychological therapies that may be helpful for treatment of this very difficult and very prevalent problem.

COHEN: Doctor, we've been talking a lot about different drugs that people can take to get rid of pain. But many people are worried about getting addicted to those drugs. Can you address that?

CAMPBELL: Well, addiction is a misunderstood problem and it's a very important problem. The liability for addiction in taking opiods depends on how those drugs are delivered. So if heroin is delivered in the vein, there is, in fact, a high liability for developing an addiction syndrome because the person has the chance of developing a craving for that drug. But the slow acting opiods do not have that liability.

So if the drug is introduced to the brain very gradually, as happens with the slow release opiods, it appears that the liability for developing addiction is, in fact, very, very small, and shouldn't be a barrier to using these powerful drugs to treat serious pain.

COHEN: We're going to take a quick break now. Grab a pen. When we come back, we'll give you a phone number and a Web site to help you find a pain specialist in your area.

Stay with us.

COMMERCIAL

COHEN: To locate a doctor in your area, go to the **American Pain Foundation's** Web site at www.painfoundation.org. If you click on finding support you'll see links to pain specialists and support groups, or you can call them at 1-888-615-PAIN. That's 1-888-615- PAIN.

Thanks so much for joining us this morning to talk about chronic pain. And we've been talking with Dr. Campbell, the head of the **American Pain Foundation.**

Dr. Campbell, any final thoughts about what chronic pain sufferers can do to get some help? liu www.painfoundation.org. i tns d on their legs.
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CAMPBELL: I think a simple message might be to be an advocate for yourself and don't let your problems be ignored. Go in there, indicate how this pain is impacting on your life and insist on getting answers. And often this will be rewarded by finding some solutions, because the fact is that the majority of pain problems can be addressed better than what they are currently.

COHEN: Well, that's all the time that we have for today.

I want to thank Dr. Campbell and I want to thank all the viewers who called and e-mailed us with their questions.

Join us tomorrow when we talk about the latest advances in Lasix eye surgery. We'll talk about the costs, the risks and how to find the best eye surgeon. Plus, we'll help you figure out if you're a good candidate for Lasix. That's tomorrow at 8:30 a.m. Eastern, 5:30 Pacific.

Thanks for watching.

I'm Elizabeth Cohen. TO ORDER A VIDEO OF THIS TRANSCRIPT, PLEASE CALL 800-CNN-NEWS OR USE OUR SECURE ONLINE ORDER FORM LOCATED AT www.fdch.com

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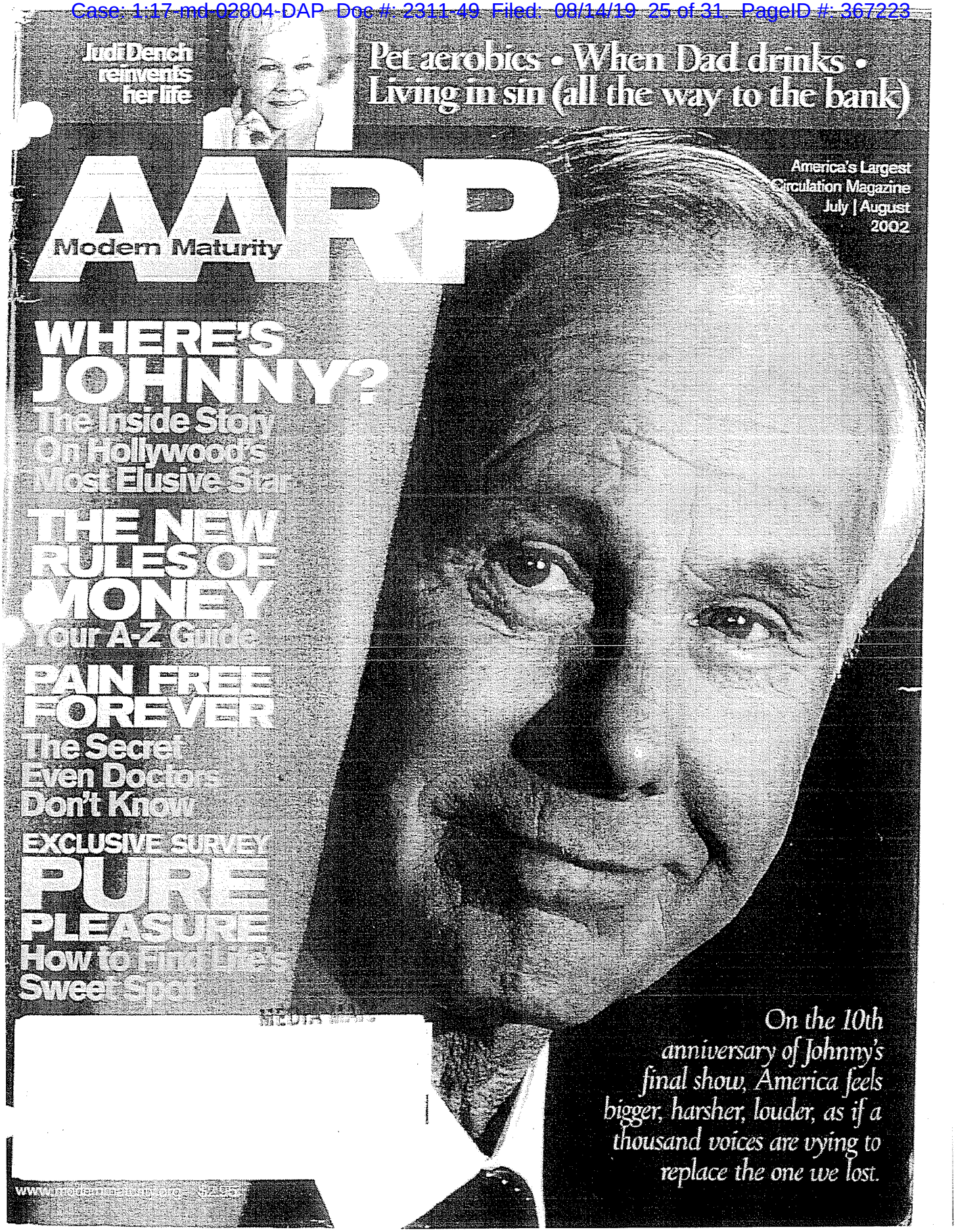
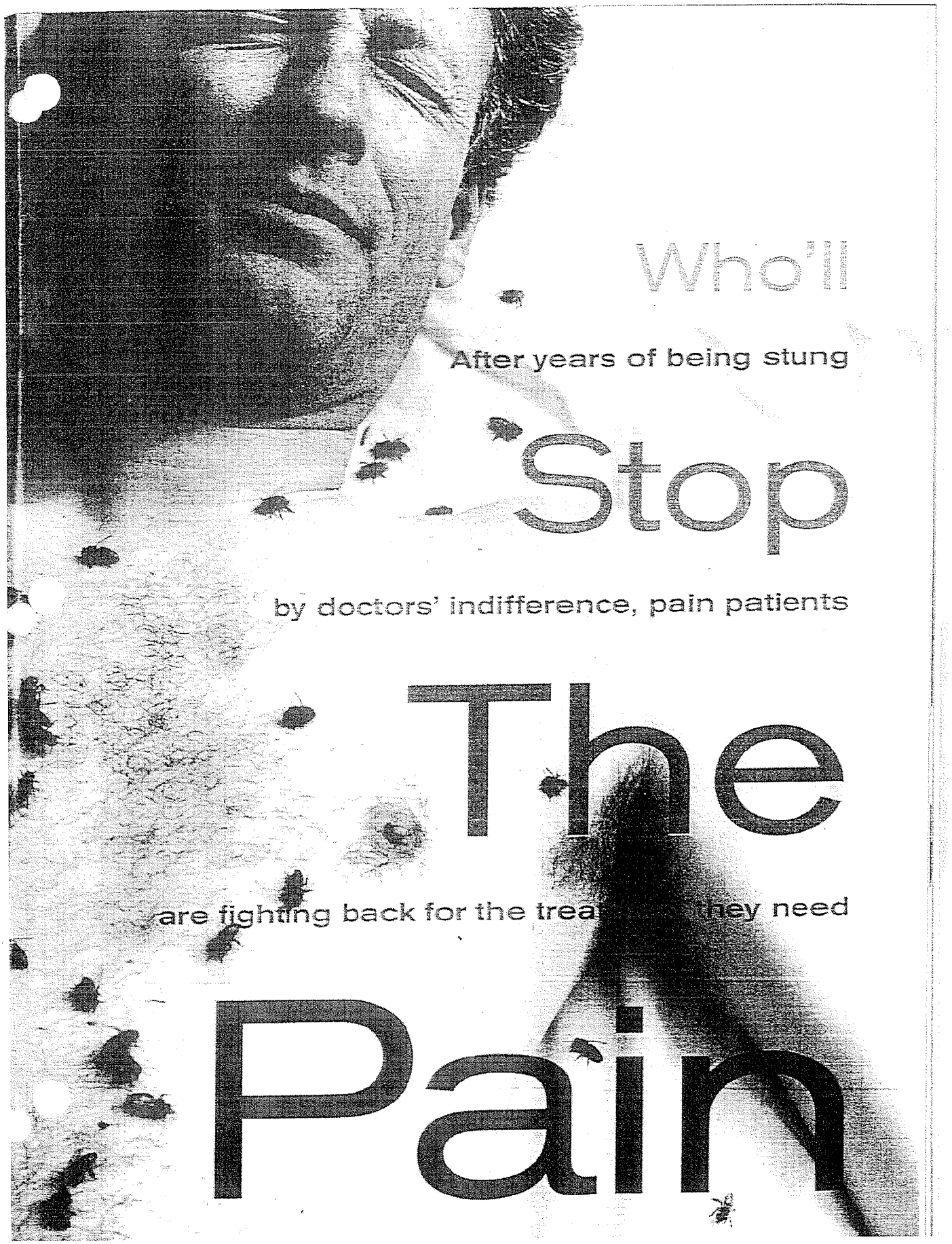




BY BILL HEAVEY

PHOTOGRAPHY BY KEVIN IRBY

No matter how badly your day is going, Esther Reiter's is probably worse. The 59-year-old Chicagoan had a stroke back in 1984 that irrevocably damaged her thalamus—the pain message center in the brain—leaving her with a little-studied condition called thalamic pain syndrome (TPS). With TPS, the thalamus sends almost constant pain signals to the side of the body affected by the stroke. "At the moment it feels like my left arm's on fire, even though I know nothing's wrong with it," says Reiter.

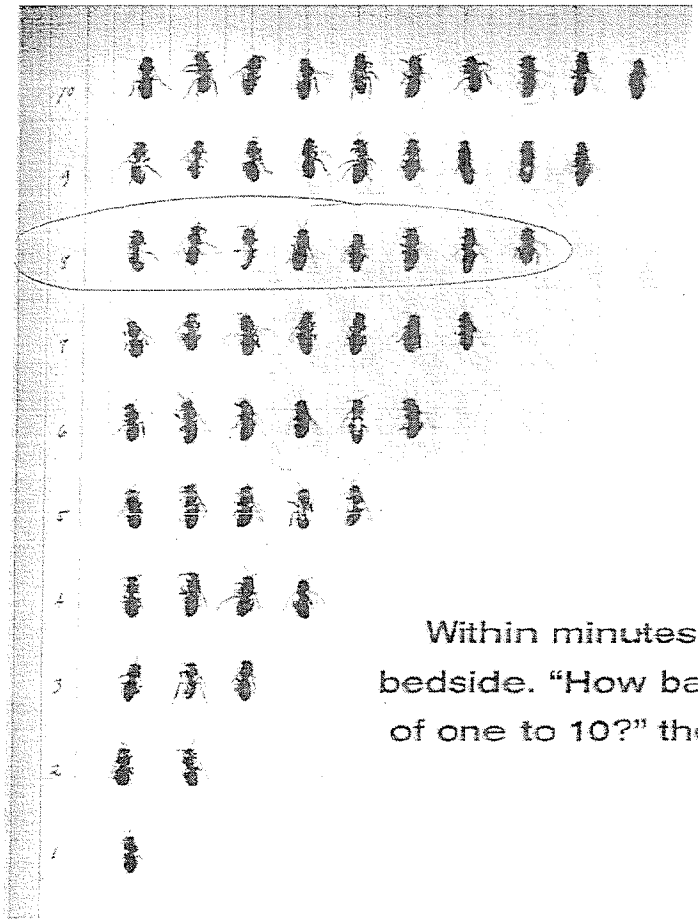
To cope with her condition, she takes several different medications, including Dilaudid, a narcotic, for pain relief; Valium to ease spasms; and Neurontin, an anticonvulsive that helps treat certain types of neuropathic pain. She's worked with a psychotherapist to fight the depression so common in chronic pain patients. She's sampled a variety of non-traditional therapies, such as biofeedback, meditation, acupuncture, and massage.

"Many times while I'm meditating, when I'm totally relaxed, the pain is eased," says Reiter, who volunteers three days a week and steels herself to attend the symphony and theater performances she loves despite her condition. "But the moment I leave this state of relaxation, the pain returns."

Reiter's case is extreme, but hardly unique. Fifty million Americans suffer from chronic pain (lasting six months or longer) and another 25 million suffer from acute pain (such as that from injuries or surgery). Most are 50 and over. "There's no question that older folks suffer a disproportionate amount of pain," says John Giglio, executive director of the American Pain Foundation. "It's underreported, undertreated, and underappreciated."

The reason is a kind of double whammy that perpetuates suffering in older patients. The first problem: patient attitudes. "Older people are notoriously reluctant to report their pain," says Matthew Loscalzo, a social worker and co-director of the

Center for Cancer Pain Research at Johns Hopkins. "I've been in Saudi Arabia, China, and it's the same everywhere. It's almost an evolutional thing, a protective device. Admitting you're in pain tells the world that you're vulnerable." Older people also figure pain is just a natural, inevitable part of the aging process. "We're tough, proud, and have been taught to keep a stiff upper lip," says Loscalzo. "Many older people will actually lie about pain rather than risk hurting their physician's feelings by admitting that the initial treatment didn't work."



Generational differences may also play a part. "People under 40 are more likely to seek out pain specialists when they're not getting relief than people over 50," says Giglio.

The second key roadblock to pain treatment: Most med schools do not mandate courses for pain management. "Less than one percent of the content of medical textbooks is devoted to symptom control such as pain," says Kathleen Foley, M.D., a neurologist who in 1981 founded the nation's first cancer pain service at Memorial Sloan-Kettering in New York. Patients who smile through their pain and try to be pleasant only make matters worse. "Too often that's interpreted, even by doctors who should know better, as someone who's not in pain," says Foley.

Although pain is invisible and can be measured only by the one suffering it, the idea that it's all in the mind is hogwash—and dangerous. Chronic pain has been shown to weaken the immune system, rewire the nervous system, impair healing, and disrupt sleep patterns, all while increasing depression, anxiety, and social isolation—which invariably lead to more pain. "It's the classic vicious cycle," says Loscalzo. "The more depressed and debilitated a patient becomes because of pain, the less able he or she is to seek help."

Penney Cowan knows too well the despair that accompanies chronic pain. "I'm 53, but I know what it's like to be 80," says the former homemaker, who founded the American Chronic Pain Association in 1980 as a support system for patients. Twenty-seven years ago, she reported tremendous headaches and neck pain to her family doctor. The doctor at first thought she might have an aneurysm, multiple sclerosis, even leukemia. After a battery of tests came up negative, he suggested that she was simply depressed. Meanwhile, the debilitating pain spread to her joints—and Cowan started seeing more doctors. "None of them could find anything," she says. "The test would come back negative and they'd tell me, 'Well, you're just going to have to live with it.' What they didn't understand was that severe chronic pain takes total control of your life. And the guilt and powerlessness you feel when they say it must be in your head is almost as bad as the pain itself."

> Within minutes, residents were at my bedside. "How bad is the pain on a scale of one to 10?" they asked. "Eight," I said.
>
> J.D. REED

After six years, she was diagnosed with fibromyalgia syndrome—pain in the muscles, tendons, and ligaments for which no cause has been identified. In 1979, she finally found a pain specialist at the Cleveland Clinic who put her on a multidisciplinary program that included medication, exercise, biofeedback, and psychotherapy. "It was a lifesaver—finding both the treatment and a doctor who took my pain seriously," she says.

Cowan says her experience is not unique: "The first and most basic thing chronic pain sufferers want from their doctors is simply to be believed." Fortunately, the medical establishment is starting to hear that demand. Advocacy groups are slowly succeeding in making the treatment of pain not just a medical issue but a moral imperative. Health care providers have been asked to consider pain the "fifth vital

Mind Over Pain

Medications aren't the only way to fight pain. Try these techniques for using your brain as a pain reliever, from psychologist David Bresler.

- Imagine a clock with a single hand. Noon represents the sharpest, most uncomfortable, most intense pain imaginable. Six o'clock represents total relief, a place where, as hard as you try, you feel as if you're floating on a cloud where pain can't touch you. When you're in pain, set the pointer at the pain's level—10 o'clock, for instance. Inhale deeply, and as you slowly exhale imagine the pointer sinking down towards 6 o'clock. Repeat as needed and feel your pain melt away.
- Take a couple of deep, slow breaths and allow every part of your body to let go and relax. Imagine a ball of pure energy resting on your lower abdomen that gently rises up the front of your body to your forehead. As you exhale, roll the ball down your spine and the back of your legs and onto the floor. Think of the ball as a pain-absorbing sponge. With each inhalation, it moves up your body absorbing the pain. As you exhale, it absorbs and drains all the pain down your spine and legs into the ground.
- Close your eyes and breathe deeply, allowing your body to let go and relax more deeply with each breath. Imagine a beautiful place that is peaceful and safe, where you can do anything you want. Anchor this place in your mind, making it as vivid as possible, noticing all the sights, sounds, and smells you experience there. Notice how good it feels to be in this place where there is no pain, and remember that you can return here anytime simply by imagining it.

For more techniques on coping with pain, go to www.interactiveimagery.com.

sign" (in addition to pulse, blood pressure, temperature, and respiratory rate) by the American Pain Society, a group of 5,000 scientists and clinicians who advocate for people in pain. The American Pain Foundation has published a "Pain Care Bill of Rights," which tells patients they have the "right to have your report of pain taken seriously ... and to have your pain thoroughly assessed and promptly treated."

Those words gained teeth last year when the Joint Commission on Accreditation of Healthcare Organizations, the nation's oldest accreditation body, passed standards requiring accredited hospitals and nursing homes to comprehensively assess and manage pain in all patients. "It's more than a physician or nurse asking, 'Are you in pain?'" says Charlene Hill, a spokesperson for the body. "It's asking about the nature, duration, and location of the pain, treating it, and then following up to make sure the treatment is effective for the patient." Institutions that don't measure up to the new standards could risk losing their accreditation.

But acknowledging pain ultimately isn't as important as treating it. The gold standard for pain drugs: morphine. Derived from opium, morphine is typically used to treat acute pain from physical injuries, cancer, or surgery. The big concern with morphine has always been addiction, but new research shows these worries may be overstated.

"There's a lot of fear about morphine," says Suzanne Nesbit, a clinical pharmacist at Johns Hopkins. "But study after study shows that if you have a medical reason for taking it, the risk of addiction is low. We're lucky: We have many agents to choose from, so if a patient doesn't respond well to one, we can try another."

Less lucky are people who take OxyContin, a drug for cancer patients and chronic pain suffer- *(continued on page 76)*

PAIN

(continued from page 60)

ers. Not long after it hit the market in 1995, OxyContin went from therapeutic medicine to street drug. Addicts crush the pills—destroying their 12-hour, time-release delivery system—and then snort or inject them, which results in a potent high. When abusers began forging prescriptions, feigning illness, and robbing pharmacies to obtain the drug, police and prosecutors launched a crackdown. Many doctors are now reluctant to prescribe the drug, patients are wary of the stigma attached to taking it, and Congress and some statehouses might curb who gets it or how much government health insurers will pay for it. "The war on drugs has become the war on pain patients," says Foley.

Many pain sufferers are complementing drug treatments with alternative therapies—and the medical establishment is finally recognizing their value. Barie R. Cassileth, M.D., Chief of Integrative Medicine at Memorial Sloan-Kettering Cancer Center, which is launching a government-supported study of such therapies, says patients often improve more quickly when they add complementary therapies to their regimen. "It seems that selecting a therapy, and doing it, gives patients a sense of control over their pain and lessens its severity," she says. "Two therapies may be better than one. These patients often require much less medication."

Some of these therapies work best for certain types of pain. Acupuncture, for example, seems especially effective for myofascial (muscle inflammation) and headache pain, but not for cancer, hemorrhagic diseases, or conditions that require surgery. Another great reliever may be the mind itself (see sidebar, page 60). "When you give patients a placebo and tell them it will help, their brains release endorphins that enhance their tolerance to pain," says UCLA psychologist David Bresler, adding that endorphins may be 10,000 times more effective than morphine.

Esther Reiter, the woman with the damaged thalamus, has tried nearly all of these methods, with varying degrees of success. Her message to people struggling with chronic pain: "There are a lot of us who suffer, who understand the fear of being a burden or being seen as our symptoms instead of a whole person," she says. "There's an enormous fear of being stigmatized because we take narcotics. But you can't just settle for being in pain. I'd like to give my pain for one week to John Ashcroft or anybody else trying to limit access to pain medication. I guarantee he'd change his tune."

Bill Heavey wrote about yoga in the March–April 2002 issue.

Pain Relievers

American Academy of Pain Management Can help you locate a nearby pain specialist. (209-533-9744, www.aapainmanage.org)

American Chronic Pain Association Offers support and information to those with chronic pain. (916-632-0922, www.theacpa.org)

American Pain Foundation Maintains a list of organizations that specialize in specific diseases and disorders. (888-615-7246, www.painfoundation.org)

Check out tips for managing chronic pain at www.modernmaturity.org.

AARP EXTRA: a message for you

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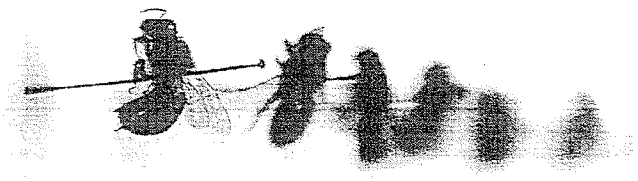
I thought I was going to have to bite on a stick and endure it—until the pain busters arrived

by J.D. Reed



I was diagnosed with lung cancer in October of 2000—on my 60th birthday. Five months later, I was pronounced cancer free. In the dizzying, emotionally supercharged weeks between those milestones, I was treated for several kinds of pain. Ironically, the villain of this story—the tumor in my right lung—never caused me as much as a twinge. The pain, some of it intense, came solely from the treatments that saved my life.

Lung cancer has a certain emotional resonance. It's viewed by much of the public (and many older health professionals) as a self-inflicted disease. As a longtime smoker, I felt guilty about having it, and regarded the coming treatment almost as punishment. If it was painful, then I should bite on a stick and endure it.

My oncologist, Gayle Holtzman, of the Cancer Institute of New Jersey near my home in Princeton, had more enlightened ideas: Moral flagellation has no place in contemporary medicine. Cancer is cancer is cancer. The focus is on treatment with a minimum of suffering. Also, the less pain, the less stress and the quicker the recovery.

Holtzman explained that the chemotherapy I was to receive, including large doses of the drug Taxol, had a number of side effects. In addition to hair loss, the drug can also produce nausea and severe leg pain. After my first six-hour infusion of Taxol, I was sent home with prescriptions for an anti-nausea drug and for oxycodone, a short-acting form of codeine. I did not become nauseated, but I experienced crippling leg pain. First, I tried large doses of Advil, but still couldn't think straight because of the pain.

The oxycodone did its job. Also, life seemed to mellow out a bit. Watching TV in the morning seemed like a good idea, and becoming suddenly bald wasn't so bad. Initially, I had been wary of such effects. I have an addictive personality—chocolate, computer solitaire, *Seinfeld* reruns, you name it—and painkillers are high on the list of substances I treat with wariness. Dr. Holtzman reassured me that people who take opiates for pain rarely become addicted. Over time, though, the body becomes tolerant of such drugs, and patients must taper off from their use. Stopping a drug like oxycodone cold can cause withdrawal problems. Within 24 hours the leg pain subsided and I was able to cut out the codeine. I had two more infusions of Taxol over the next six weeks, and each time needed the drug to get through the first day.

Chemotherapy was successful and it was time for surgery. Thoracic surgeon John Langenfeld, who practices at Robert Wood Johnson University Hospital, a teaching and treatment facility in New Brunswick, New Jersey, would remove two lobes of my right lung. He suggested an epidural catheter for postoperative pain control. The standard intravenous morphine drip, he told me, suppresses respiration, which can be a problem in recovering from lung surgery, and the epidural allows patients to do deep breathing and strong coughing exercises that prevent pneumonia. Placed in the chest cavity through a small, filament-like catheter in the upper back, the epidural delivers narcotics and local anesthetics directly to the spinal nerves, bypassing the bloodstream and hence the lungs. It's as if the dentist had hit your chest with a massive shot of Novocain.

After surgery, I found that the epidural wasn't perfect. There were occasional problems with the pump that delivered the chemicals, and once a band of pain across my chest made me gasp. Within minutes after I complained, a pair of residents from the hospital's pain management department were at my bedside. "How bad is the pain on a scale of one to 10?" they asked. "Eight," I said. They fiddled with the settings on the epidural pump and I was soon comfortable again. When I expressed surprise that there was a specialty called pain management, the residents gave me a look that said, "The old guy probably still thinks we use ether and make house calls." My reaction was justified. Pain management is a recent development, an offshoot of anesthesiology, and departments are found mostly in large hospitals.

The epidural was removed after four days and I was sent home with refillable prescriptions for oxycodone as well as OxyContin, the controversial time-release form of codeine. The drugs were given to me for what the nurses aptly called "breakthrough pain." I used both pills for about two weeks, after which I was able to stop the OxyContin and use the short-acting oxycodone intermittently. Two weeks after that I had tapered off the oxycodone. I had a sore chest but a clear-headed new lease on life.

After 25 years with Time Inc., J.D. Reed is a freelance writer. He remains cancer free.